

Mindfulness and its role within mental health nursing

Abstract

This is the fourth article in a series of articles that explores the meaning of positive psychology and the importance of applying the latest related research findings for the wellbeing of the mental health workforce. It will focus on Mindfulness as a positive psychology intervention from its development to present day use. It will introduce it with a personal reflection on an original research project carried out in one British university and combine this with a professional perspective of how it is relevant to mental health nursing. It will explain the key terms and the complementary underpinning theoretical work of Jon Kabat-Zinn (1982, 1990, 2013). Finally it emphasises the importance of effective leadership in how the application of mindfulness can benefit the individual, the organisation and the client. The practical tasks provided in the boxes throughout the article will help the reader identify what mindfulness means for them and understand how to further develop its transferability through evidence-based, user friendly exercises.

Authors –

Jan Macfarlane ORCID: 0000-000221951257

Joey Weber ORCID: 0000-0003-2006-4231

INTRODUCTION

As a health and social care lecturer in higher education with a research interest in positive psychology I hear and read a lot about mindfulness as one of its most popular interventions. It commonly features as a health trend in mainstream magazines, television and radio, in academic journals and is offered to people via courses at different levels as well as being used

in a range of educational (Frank et al.2015, Rechtschaffen, 2016) and in clinical settings (Bartly 2016, Brewer, 2017). Evidence Based Practice shows how mindfulness has positive effects on mental health and psychological well-being such as depression, anxiety and stress, physical health related to pain and physical impairment ,as well as in the quality of intimate relationships (Baer, 2003; Brown & Ryan, 2003; Brown, Ryan, & Cresswell, 2007; Grossman, Niemann, Schmidt, & Walach, 2004). It is certainly not a new practice as it arguably sits within every religious tradition, and yet people seem to be increasingly interested in the topic and specifically in developing scientific study to explore it further. This is surely due to the latest scientific developments neuroscience has to offer. It “tantalises” in its offer to regulate emotions, decrease stress, maintain focus and be fully engaged in the present which inspired me to include it as part of my original research project (Macfarlane 2017, Macfarlane 2018) in delivering a 6 week positive psychology course with specific interventions for health and social care workers .It was a natural follow on from the previous session on character strengths (Macfarlane, 2019) as these topics integrate naturally. Niemiec (2014) notes how mindfulness increases our awareness to potential self-improvement and growth. A mindfulness teacher delivered a one hour workshop to four separate groups of health and social care students. The speaker was fluent in core meditation practice as well as being a health and social care lecturer with knowledge of the context and needs of the learners (UK Mindfulness-Based Good Practice Guidelines, 2011). This activity was very well received by all groups with summative feedback suggesting it would be worthwhile incorporating mindfulness activities in traditional lessons, which mirrors the pattern in health care organisations that the benefits of mindfulness are realised but how to integrate takes time and commitment from all interested parties.

I believe the transferability to clinical practice is the main area where these qualities are required to help maintain attention, process complex information, meet objectives and find stability and resilience. Introducing this topic to mental health nurses may help them become more self-aware and recognise how their efforts can contribute to an improved working environment. Exploring the simple benefits mindfulness might offer could be enough for some, others may wish to develop a regular practice and become practitioners themselves to help others whilst potential researchers may be inspired to add to the increasing body of knowledge of rigorous scientific enquiry.

History of Mindfulness

In 1979, Jon Kabat-Zinn developed the mindfulness-based stress reduction (MBSR) program at the University of Massachusetts Medical Center. The programme, while not religiously focused, has its roots in Buddhism, as mindfulness is at the core of Buddhist teaching (Gunaratana, 1992). The 10-week program (now 8 weeks) trained chronic pain patients in mindfulness meditation and helped these patients to manage their condition (Kabat-Zinn, 1982). Since then, 17,000 people have completed the program at the University of Massachusetts. In addition, there are now 240 MBSR programs worldwide that are modeled on Kabat-Zinn's original program and that train thousands of individuals in mindfulness meditation and a mindful way of being (Center for Mindfulness in Medicine, Health Care, and Society, 2007). More recent and equally well recognized teachers include Jack Kornfield (1993) and Tara Brach (2003). In the United Kingdom, there is now widespread agreement among health care professionals of how it can benefit, which is authorised by NICE guidelines advocating it as preferential treatment for depression (2016).

What is Mindfulness ?

Mindfulness is a quality of consciousness, more specifically defined as "paying attention in a particular way: on purpose, in the present moment, nonjudgmentally" (Kabat-Zinn, 1994, p. 4). Mindfulness consists of a purposeful attention to and awareness of the present moment, approached with an attitude of openness, acceptance, and nonjudgment (Bishop et al., 2004; Kabat-Zinn, 1990, 1994). Kabat-Zinn (1994) calls it simply "the art of conscious living" (p. 6). This can present challenges we try to accept and control our wandering mind or take a leap into the letting go of our planned expectations. It is often when there are experience of extreme emotion that we truly are mindful of the present moment, for example at weddings, or funerals, being present at the birth of a baby or of hearing tragedy when we can also feel compassion for others. Yet being mindful in less extreme conditions is perhaps our biggest challenge.

Types of Mindfulness Programmes

There are other types of mindfulness programmes as well as MBSR. For example mindfulness based cognitive therapy (MBCT) modelled on MBSR (Segal et al. 2013) incorporating acceptance, self-care, relapse prevention and reduction of rumination as the client works on acceptance of events. There is also Dialectical Behaviour Therapy (DBT) (Linehan 1993, NICE guidelines CG78 2009) which includes modules on skill building, distress tolerance and interpersonal effectiveness and has been linked with success in treating borderline personality disorder (Baer, 2010). Mindfulness-Based Relapse Prevention (MBRP) has been seen to be useful in substance abuse clientele (Garland et al. 2012) and Compassion Focused Therapy is gaining ground as it focusses directly on loving-kindness and self-compassion (Gilbert, 2010). Some people may choose to set a regular routine in carrying out their practice whilst others use it as they need to. There may also be a preference to show intent on being mindful in daily

activities or the use reminders to trigger thoughts on what is happening around oneself in the environment.

ACTIVITY- complete the box below on becoming more aware of current levels of mindfulness.

BOX 1 Self awareness How mindful are you? (Adapted Brown and Ryan 2003)

1. I could be experiencing an emotion and not be conscious of it until some time later
2. I find it difficult to stay focussed on what is happening in the present
3. It seems I am running on 'automatic'
4. I rush through activities without being attentive to them
5. I find myself listening to someone with one ear doing something else at the same time
6. I find myself preoccupied with the future or the past.

Scale:

1 =almost always

2= frequently

3= infrequently

4= almost never

The higher the total score the greater your level of mindfulness

What mindfulness is not?

However, it is essential mindfulness is not seen as a quick fix and some authors highlight how it may present unexpected tribulations (Foster, 2016). Further, Kreplin, Farias and Brazil (2018) conducted a meta-analysis and literature review and discovered the limitations into the effects of meditation. Therefore, it is perhaps more pertinent to scrutinise mindfulness in relation to context. Purser (2019) criticises the 'McMindfulness' £1 billion industry and points towards its neo-liberal takeover and suggests it is important to recognise that whilst it may not be mindfulness that is problematic, but the guise in which it is being used. Purser (2019) states it is perhaps superficially used as a way of commodifying stress, increasing workloads and blaming the individual rather than looking towards wider society and mindfulness's function within a capitalist society. On an individual level, Weber (2019) highlights, how practising mindfulness does not mean one would stop seeking help from a professional if there is a key issue going on and in times of extreme emotional distress it might be best to avoid mindfulness meditation. However, the author goes on to suggest it may be useful in navigating difficult trauma given enhanced awareness and monitoring of mental and bodily reactions.

ACTIVITY -Try out the two following exercises on appreciation of self- awareness.

BOX 2 TOP TIP SHEET – adapted Niemiec (2014)

1. Observe your busy mind and enjoy noticing how it changes
2. Practice mindfulness everyday -bring it back to awareness of breathing
3. Limit multi-tasking -give full attention to tasks you are doing

9

BOX 3 – ACTIVITY – adapted Lomas et al. (2014)

- Play a favourite piece of relaxing ,soothing music.

- Close your eyes and focus awareness on its rhythm and different sounds.
- Note your thoughts, feelings and memories that accompany the music.
- Return to the music and immerse yourself in it.

Mindfulness and Neuroplasticity

There has been a worldwide surge of interest in mindfulness based interventions in a variety of sectors both public and private and a number of studies have looked at the value of mindfulness. (Carmody & Baer 2009; Teixeira, 2008; Toneatto & Nguyen, 2007). As well as Randomised Control Trials, systematic reviews and meta-analysis, mindfulness interventions have seen a sharp rise in research due to the multitude of ways meditation or brain activity can be measured. In many ways, the study of meditation has been made mainstream with the help of neuroscience and Electroencephalography (EEG) and more recently via pro inflammatory gene expression (Kaliman, et al 2014).

Goleman and Richardson (2017) show how current genetic and neuroscience reveal how meditation changes mind, brain and body. From a neuroscientific stance in a review of chronic dysphoria, Farb, Anderson and Segal (2012) highlight the necessity to direct attention toward the show how the transitory nature of momentary experience reduces negative self-evaluation, increase tolerance for negative affect and pain and helps to promote self-compassion and empathy in people with chronic dysphoria. The authors argue for a model of mindful emotional regulation to contain more distinct processes than reappraisal; namely attention to present moment sensation and “equanimity, the suspension of judging experience

to be intrinsically good or bad”, in order to disengage from conceptual judgement in their response to sensory experiences. The crucial aspect of equanimity is to intentionally cultivate awareness toward emotional information. Moreover, Weber (2017) discussed how equanimity is often a missing element in contemporary mindfulness understanding. Further, Weber and Lowe (2018) have developed the first psychometric scale to capture barriers to equanimity.

Benefits of Mindfulness

In relation to work related stress, a mental health nurse faces an enormous amount of challenges on an ongoing basis. In terms of not only developing prosocial qualities vital for psychiatric nurses in terms of effective and professional delivery towards others, a crucial element of mindfulness is related to therapeutic self-care which is often overlooked in health care professions.

Miller and McGowan (2000) highlight how the ‘culture’ of clinical training is self-critical, and excessively self-sacrificing. This is interesting given burnout has been linked to coping styles and attitudes towards self. Shanafelt et al (2002), report the highest levels of individuals reporting burnout were the most likely to report personal needs as ‘inconsequential’. Thus, mindfulness as a form of therapeutic self-care would seem to buffer the issues raised here by reducing the ability of the brain to experience stress via the mygdala and inciting the fight or flight syndrome linked to it. Equanimity suggests it is the identification of judgement towards experience that triggers the stress process. Indeed, Sharkley and Sharples (2003), posit that some individuals who pursue careers in health care professions may have higher levels of pre-existing depression and anxiety, exacerbating the need for deeper understanding and training of mindfulness. Interestingly, Taub et al (2006) highlight how despite the ample body of

research scrutinising the distress and burnout of healthcare professionals, there has been little done in the way of preventative interventions and the promotion of wellness.

The importance of studying Mindfulness for Mental Health Nurses in the future

Before exploring how mindfulness practice can be applied to staff groups it is useful to look at how these transferable skills can be included in from a clinical and therapeutic perspective. MBCT has been used effectively with anxiety (Stahl et al. 2014, Teasdale et al. 2014) and as an effective depression prevention programme with NICE suggested that it is a priority for implementation (NICE CG90, 2018). Aguirre (2017) has demonstrated promising results in relation to the benefits of adapted mindfulness interventions for people with dementia, suggesting that it could be beneficial in reducing depressive symptoms and in slowing deterioration in cognitive functions such as sustained attention, distraction inhibition and task switching.

Hedman Lagerlof et al. (2018) highlighted how mindfulness-based interventions (MBI) have also become widely used for common mental disorders such as depression. Their results showed that mindfulness based group therapy on 215 clients was more effective in reducing symptoms than no treatment but not in comparison to other active treatments such as cognitive behavioural therapy (CBT). Sundquist (2018) validated similar results when comparing MBI and CBT in primary care settings with patients who experience depression, anxiety and stress disorders which opens up discussion to assess their potential cost effectiveness in saving limited resources.

It is accepted that having mental health issues can be distressing especially if this necessitates in-patient care. Providing hospital care is also an expensive commodity so Jacobsen (2019) conducted a trial to explore if a mindfulness based intervention for clients with psychotic symptoms reduced relapse on discharge as a cost-effective measure. Although only a small sample, their encouraging results indicated that fewer people who had received the therapy came back into hospital in the following year, compared to a comparison group who received usual care.

Now in relation to staff welfare, Irving, Dobkin, and Park (2009) analysed a comprehensive range of empirical studies of MBSR and clinicians and concluded that MBSR benefits health professionals in both physical and mental health. Therefore, it is perhaps pertinent to look at the journey a nurse takes before graduation as stress is an inevitable part of nursing students' lives. Der riet (2018) critically appraised the literature that related to the effectiveness of mindfulness meditation programmes for nurses and nursing students and concurred that mindfulness meditation has a positive impact on their stress, anxiety, depression, burnout, sense of well-being and empathy.

Arthur et al (2018) outlined the development of measuring mindfulness as a personality trait with nursing students suggesting this could be used in future educational research for curriculum change, for personal and professional development of nurses, and as a clinical tool for determining how mindfulness changes over time. More recently Rayan (2019) examined the relationship between stress, self-efficacy, and mindfulness among 200 final-year nursing students. Results indicated women and married participants had higher stress levels than other

participants concluding those students who demonstrate high levels of stress may benefit from psychosocial interventions to increase mindfulness and self-efficacy

In relation to qualified nursing staff, stress and burnout symptoms which negatively affect patient care are commonly reported, as they face resources cuts and complex care issues but often hold little in terms of organisational power. Aligned to this is the growing body of literature identifying the range of beneficial physiological and psychological outcomes claimed from the regular practice of mindfulness meditation for healthcare professionals in reducing stress and burnout, increasing resilience as well as being embraced widely for personal and professional development. Hunter (2016) explored qualitative literature to ascertain how they perceived the impact mindfulness may have on their practice and patient interactions and recommended it as a tool to decrease negative symptomology and increase compassion in these professional groups.

Burton (2016) observed that workplace stress is high among healthcare professionals and is associated with reduced psychological health, quality of care and patient satisfaction and reviewed the evidence on the effectiveness of mindfulness-based interventions (MBIs) for reducing stress in HCPs, suggesting that MBIs have the potential to significantly improve stress among them. Pizutti et al (2019) focussed on evaluating the effects of an 8 week Breathworks' Mindfulness for Stress course on depressive symptoms on 84 primary care health professionals. There was a statistically significant decrease in symptoms and an increase in levels of self-compassion after the course indicating it could be a positive group intervention to improve the mental health of health care professionals.

The cultivation of mindfulness may be especially useful for mental health nurses and those studying in the field of psychology as those who engaged in the techniques reported positive changes in self efficacy and empathy (Greason and Cashwell , 2009). In relation to MBSR Raab et al. (2015) conducted a pilot study on the effects of an eight week course consisting of educational interventions with 22 female mental health care workers , measuring their self-compassion, perceived stress, burnout, and quality of life with significant improvement in post-assessment measures in all areas. Dobie et al.(2016) also suggested that mental health professionals are particularly susceptible to occupational stress and that there are not many formal programmes to address the problem. They introduced an eight week MBSR programme for nine mental health professionals in a public hospital mental health unit, that consisted of practical and educational measures. Levels of psychological distress and mindfulness skill were measured before and immediately after participation demonstrating a perceived reduction in psychological distress which suggests incorporating brief MBSR interventions would be a useful tool in improving the well being of staff.

Yang et al.(2018) commented that psychiatric nurses are a special group of nursing staff as they experience greater work stress and lower mental health levels than regular nurses. MBSR therapy was used as an intervention with 100 psychiatric nurses who were divided into an intervention and control group. Results showed that post intervention anxiety scores on the intervention group had decreased significantly with no significant difference in the control group which further indicates that this therapy can reduce work stress, anxiety, depression, and other negative emotions among psychiatric nurses and improve their mental health.

Oates (2018) explored the subjective well-being and subjective experience of mental health problems in UK mental health nurses. She found that some activities support their well-being in and outside the workplace. These included physical exercise, spending time in nature listening to music and mindfulness practice. Perhaps more importantly well-being was associated with clear boundaries between home and work life, regular clinical supervision and translating learning from work with patients to nurses' own lives. More recently, Kriakous (2019) investigated the forensic environment and remarked on the lack of research into potential interventions aimed at addressing stress and burnout with professionals in this area. This study investigated the role of coping and mindfulness on stress and burnout among staff employed within secure hospitals. Higher mindfulness skills were found to be significantly associated with lower levels of maladaptive coping, stress, and burnout.

In relation to current research one can comment on the high quality of the studies in relation to the clarity of aims, data collection and analysis, but also that there may be weaknesses in terms of sample size and the use of theoretical frameworks, indicating that future studies could benefit from long-term follow-up measures to determine any continuing effects of mindfulness training on stress and related outcomes.

Therapeutic self-care for Mental Health Nurses

In relation to work related stress, a psychiatric nurse faces an enormous amount of challenges on an ongoing basis. In terms of not only developing prosocial qualities vital for psychiatric nurses in terms of effective and professional delivery towards others, a crucial element of mindfulness is related to therapeutic self-care which is often overlooked in health care professions. Shapiro (2002) identifies mindfulness qualities as including non-judgement,

acceptance, patience, gentleness, letting go and empathy, which are already part of an effective mental health nurses toolkit so it makes sense to develop these skills

As previously mentioned clinical training can be excessively self-critical and self-sacrificing. This is interesting given burnout has been linked to coping styles and attitudes towards self. Shanafelt et al (2002), report the highest levels of individuals reporting burnout were the most likely to report personal needs as 'inconsequential'. Thus, mindfulness as a form of therapeutic self-care would seem to buffer the issues raised here. Indeed, Sharkley and Sharples (2003), posit that some individuals who pursue careers in health care professions may have higher levels of pre-existing depression and anxiety, exacerbating the need for deeper understanding and training of mindfulness. Interestingly, Taub et al (2006) highlight how despite the ample body of research scrutinising the distress and burnout of healthcare professionals, there has been little done in the way of preventative interventions and the promotion of wellness.

It is here, it seems that mindfulness has its place. Mindfulness as a science and practice is continually developing and it is the intersection between helping others and helping self is especially pertinent in the area of psychiatric nursing. It is also posited that this provides a suitable framework for wisdom, for emotional freedom, and is said to be a guardian of compassion and love. Consequently, behaviour change and the nurturing of prosocial qualities may rely on the central psychological construct of equanimity.

What is safe to say, if utilized in the correct way with the correct motivation, is that mindfulness is a scientifically proven technique to combat stress and is a useful form of mild therapeutic self-care as it buffers against the emotional distress and accumulated anxieties of daily life.

Therefore, as a form of emotional regulation, utilising mindfulness requires a disciplined approach but is a fundamental skill in not only protecting self from myriad distresses but for the development of prosocial qualities. It would seem that an individual, who regularly practices, protects himself or herself from burnout and increasingly develops resilience toward work related stress and other issues that may hinder work life balance.

ACTIVITY – Selecting actions from the list below can further develop mindfulness practice.

BOX 4 More mindful actions

1. Cultivate feelings of kindness to your colleagues
2. Stay present while drinking your tea or coffee
3. Every hour take 3 calm breaths in and out
4. Book in a no-plan day and be spontaneous
5. Slow down if you find yourself rushing
6. Have a device free day and enjoy the space it leaves
7. Listen deeply and really hear what someone is saying
8. Mentally scan your body and notice what you are feeling
9. Complete a mindfulness practice from a free app
10. Stop and watch the sky for 10 mins and observe the subtle movements of the clouds

How mental nurses can apply it to themselves

As mentioned previously, the mindfulness industry is booming and it is often linked to personal expenditure. However, it is worth noting there are plenty of useful resources available that do not necessarily have to cost a lot. The online guided meditations are an effective way of trialling from the comfort of one's own home and is a useful way of connecting on the move. It is also worth mentioning that mindfulness does not always require a person to sit and meditate away from distraction. One can embody mindfulness by consciously monitoring the breath throughout the day. Monitoring thought streams and consciously bringing oneself back to the moment helps from becoming embroiled in past memories, future fantasies or anxieties. This is crucial when working with difficult patients and allows the mental health nurse the time and space to breathe and become present with whatever information it is presenting itself. Only then can one be protected from stress and in turn provide quality care.

Activity – In relation to the application from the work of Jon Kabat-Zinn here are two free online sources to enjoy:

BOX 5 Exercise – 12 minute Breath meditation
Guided Mindfulness Meditation, Sitting Meditation
<https://www.youtube.com/watch?v=I9Z4t9ZiUzM>

BOX 6 Exercise – 3 minute Body Scan meditation
Guided Mindfulness Meditation, Body Scan
<https://www.youtube.com/watch?v=8HYLyJZKno&list=PLyp5AYS-aSfezMa0Ek2nH3gUtFKYf7zXE>

Leadership

The NHS Employers Workforce health and wellbeing framework (2019) recommended that staff have access to a range of preventative and self-management interventions to help improve mental health and support self-management outlining that leaders and managers have responsibility to action a workplace needs assessment that could identify them. The range include stress management , physical activity and mindfulness.

The effectiveness of these supportive interventions would be enhanced if leaders and managers were themselves aware and participative actions. So perhaps this should begin in their own continuing professional development plans. Baron (2016) evaluated a three year action learning programme on leadership development finding that participants developed enhanced mindfulness suggesting these insights in a supportive environment can bring real change in managers with lasting effects. Lippincott (2018) completed a study of mindfulness and presented evidence showing that leadership performance and perception can be improved which is a persuasive factor to consider in the designing of organisational training programmes.

However, Furtner et al. (2018) recognised that the relationships between self-leadership and mindfulness had not yet been examined. In their study results showed that self-leadership was positively related to the importance of the observing facet of mindfulness but acceptance without judgment may have a negative effect on self-leadership as self-regulation of attention is an important key feature of self-leadership (Furtner et al., 2015) and, a certain degree of self-control is necessary. Notwithstanding this , they concluded that the observing component of mindfulness could be supportive by ensuring continuous control over internal and external processes.

Interestingly, Beddow (2018) further explored mindfulness and leadership from a gender perspective, which given the higher levels of females employed in care organisations is a sensible perspective. She agreed that although both men and women experience heavy workloads and high levels of stress in leadership positions, women often face extra challenges which can have negative implications for their health and well-being. She noted that leadership development programmes rarely address gender differences and agrees with Phillips and Grandy (2018) that current leadership development programmes incorporating mindfulness training programmes for those who identify as women would be an improvement.

Finally, Johannes et al. (2019) note that although there has been an increase in popularity on mindfulness research there has been little on mindfulness and its effect on work interaction and the role leadership has on these social interactions. They reported a significant improvement in work satisfaction when the leader had self-reported mindfulness skills which indicate the importance of developing it in workplace settings. Therefore, the overall summary from the above studies indicate that the mental health organisations from within the mixed economy could take part in well-being activities through an inclusive and empowering approach to staff engagement. These could be through accessible in- service training, supporting staff requests for specialised knowledge to apply in practice and staff engagement activities that promote the vision of what is important in terms of values and priorities for the mental well-being of their workforce. Accurate and robust reporting of the success of such ventures in terms of quantitative and qualitative data would be useful to add to the body of research on this topic. Yet not at cost of the investment to staff for its own sake as adding to the culture of wanting to develop increase

in resilience, improved relationships ,self-compassion and creativity are valuable in their own right. Improved sustainability would be gained by both a bottom up and top down approach so it is everyone's business to become involved and engaged in their and others health and well-being.

Conclusions

This article has looked at the development of mindfulness as a positive psychology intervention from a theoretical and applied perspective. It has explored a substansive body of up to date research that sheds light on the benefits and transferability of mindfulness whilst appreciating that it is not a quick fix and needs regular practice to engage in neuroplasticity change to fully reap the benefits. While this is not a 'cure-all' research strongly suggests it is a powerful foundation upon which mental health nurses can start to build on to improve their self care and practice. With this in mind organisations have a responsibility to act now by incorporating it in to training and personal development via guidance found in current legislation.

Acknowledgement

The authors are grateful to Professor Jerome Carson for comments on an earlier version of this paper.

Keywords

- Positive Psychology
- Mindfulness and meditation
- Kabatt-Zinn
- Mental Health Nursing
- Leadership

KEY POINTS

- 1 Evidence Based Practice shows how mindfulness has positive effects on mental health and psychological well-being.
- 2 Transferability to clinical practice is the main area where these qualities are required to help maintain attention , process complex information, meet objectives and find stability and resilience.
- 3 There is a significant improvement in work satisfaction when the leader had self-reported mindfulness skills which indicate the importance of developing it in workplace settings.

Reflective Questions

Reflection 1

There are numerous reasons for mental health nurses wanting to develop mindfulness to improve their wellbeing. Write down what your main motivations might be?

Reflection 2

Some mental health nurses currently considering using Mindfulness will not actually act on it regularly. Write down what you think might be the main blocks for you and what steps can you take to minimise this?

Reflection 3

It is often effective to share your thoughts and actions with peers and colleagues. Find out their ideas by asking them to read this article and consider how you can support each other when trying out Mindfulness activities..

REFERENCES

Aguirre E, Stott J, Charlesworth G, Noone D, Payne J, Patel M, Spector A. 2017, Mindfulness-Based Cognitive Therapy (MBCT) programme for depression in people with early stages of dementia: study protocol for a randomised controlled feasibility study. Pilot and Feasibility Studies [Internet] 3:28. [cited 2019 June 19]. Available from:

<https://doi.org/10.1186/s40814-017-0143-x>

Arthur D, Dizon D, Jooste K. 2018. Mindfulness in nursing students: The five facet mindfulness questionnaire. International journal of mental health nursing. 27 (3)

Baer R. 2003. Mindfulness training as a clinical intervention: a conceptual and empirical review. J Clinical Psychology: Science and Practice . 10: 125–143.

Baer R. 2010. Assessing mindfulness and acceptance processes in clients: illuminating the theory and practice of change. Oakland. CA: New Harbinger.

Baron L. 2016. Authentic leadership and mindfulness development through action learning. J Managerial Psychology [Internet]. 31(1) :, 296-311. [cited 2019 June19].

Available from:

<https://doi-org.ezproxy.bolton.ac.uk/10.1108/JMP-04-2014-0135>

Bartley, T. 2016. Mindfulness: A kindly approach to cancer, Wiley-Blackwell, West Sussex, UK.

Burton A, Burgess C, Dead S, Koutsopolou, Hugh-Jones S. 2016. How Effective are Mindfulness-Based Interventions for Reducing Stress Among Healthcare Professionals? A Systematic Review and Meta-Analysis. J Stress and Health [Internet]. [cited 2019 June19].

Available from: <https://doi.org/10.1002/smi.2673>

Beddow H. 2018. Women's leadership and well-being: incorporating mindfulness into leadership development programs. J Development and learning in organizations [Internet]. 32 (6):.25-27. [cited 2019 June19]. Available from:

<https://doi-org.ezproxy.bolton.ac.uk/10.1108/DLO-11-2018-134>

Bishop S, Lau M, Shapiro S, Carlson L, Anderson N, Carmody J, Devins G. 2004. Mindfulness: A proposed operational definition. J Clinical Psychology: Science and Practice. 11(3): 230–241.

Brach T. 2003. Radical acceptance: embracing your life with the heart of a Buddha. New York. NY: Bantam.

Brewer J, 2017. The craving mind : from cigarettes to smartphone to love- why we get hooked and how we can break bad habits. Yale. New Haven.

Brown K, Ryan R. 2003 . The benefits of being present: Mindfulness and its role in psychological well-being. J Personality and social Psychology. 84(4), 822-848.

Brown K, Ryan R, Creswell J. 2007. Mindfulness: Theoretical foundations and evidence for its salutary effects, J Psychological Inquiry. 18(4): 211–237.

Carmody J, Baer R. 2009. How long does a mindfulness-based stress reduction program need to be? A review of class contact hours and effect sizes for psychological distress. J Clinical Psychology, 65: 627–638.

Der Riet P, Levell-Jones C, Aquino-Russell C. 2018. The effectiveness of mindfulness meditation for nurses and nursing students: An integrated literature review [Internet]. [cited 2019 June19]. Available from: <https://doi.org/10.1016/j.nedt.2018.03.018>

Dobie A, Tucker A, Ferrari M, Rogers J. 2016. Preliminary evaluation of a brief mindfulness-based stress reduction intervention for mental health professionals. Australas Psychiatry [Internat]. 24(1) 42-5. [cited 2019 June19]. Available from: doi: 10.1177/1039856215618524.

Farb N, Anderson A, Segal Z. 2012. The mindful brain and emotion regulation in mood disorders. *Canadian Journal of Psychiatry*.57(2): 70-77.

Foster D. 2016. Is Mindfulness making us ill. *The Guardian* [Internet]. [cited 2019 June19].

Available from:

at:<https://www.theguardian.com/lifeandstyle/2016/jan/23/is-mindfulness-making-us-ill>

Frank J, Reibel, D, Broderick P, Cantrell T, Metz s. 2015 The effectiveness of mindfulness-based stress reduction on educator stress and well-being: Results from a pilot study. *Mindfulness*, 6(2), 208-216

Furtner, M. R., Rauthmann, J. F., & Sachse, P. (2015). Unique self-leadership: A bifactor model approach. *Leadership* [Internet]. 11, 105-125. [cited 2019 June19]. Available from: <https://doi-org.ezproxy.bolton.ac.uk/b2t8>

Furtner M, Tutzer L, Sachse P. 2018. The mindful self-leader: investigating the relationships between self-leadership and mindfulness. *J Social behaviour and personality* [Internet]. 46(3). [cited 2019 June19]. Available from: <https://doi:10.2224/sbp.6521>

Garland E, Schwarz N, Kelly A, Whitt A, Howard M. 2012. Mindfulness oriented recovery enhancement for alcohol dependence: Therapeutic mechanisms and intervention acceptability. *J Social work practice in the addictions*. 12(3): 242-263.

Gilbert P. 2010. *Compassion focussed therapy: Distinctive features*. London : Routledge.

Goleman D, Richardson R. 2017. *The Science of Meditation: How to Change Your Brain, Mind and Body*, New York, Penguin.

Greason P, Cashwell C. 2009. Mindfulness and counselling self-efficacy: The mediating role of attention and empathy. *Counselor Education and Supervision*, 49, 2-19.

Grossman P, Niemann L, Schmidt S, Walach H. 2004. Mindfulness-based stress reduction and health benefits: A meta-analysis. *J Psychosomatic Research*. 57: 35–43.

Hedman-Lagerlof M, Hedman-Lagerlof E, Ost L. 2018. The empirical support for mindfulness-based interventions for common psychiatric disorders: The mindful attention and awareness scale. *Psychological medicine*. 48: 13.

Hunter L. 2016. Making time and space: the impact of mindfulness training on nursing and midwifery. *J Clinical Nursing*. 25 :7-8

Irving J, Dobkin P, Park J. 2009. Cultivating mindfulness in healthcare professionals: A review of empirical studies of Mindfulness-Based Stress Reduction (MBSR). *Complementary therapies in clinical practice* [Internet]. 15:61-66. [cited 2019 June19]. Available from: <http://dx.doi.org/10.1016/j.ctcp.2009.01.002>

Jacobsen P, Peters E, Robinson E, Chadwick P. 2019. Mindfulness-Based Crisis Interventions (MBCI) for psychosis within acute inpatient psychiatric settings; A feasibility randomised controlled trial.

Johannes F, Armin P, Verdorfer K. 2019. Mindfulness and Leadership: Communication as a Behavioral Correlate of Leader Mindfulness and Its Effect on Follower Satisfaction. *J Frontiers in Psychology* [Internet] . [cited 2019 June19]. Available from: DOI [10.3389/fpsyg.2019.00667](https://doi.org/10.3389/fpsyg.2019.00667)

Kabat-Zinn J, 1982. An outpatient programme in behavioural medicine for chronic pain patients, based on the practice of mindfulness meditation. *General Hospital Psychiatry*. 7(1) 71-2

Kabat-Zinn J, 1990. *Full catastrophe living*. New York, NY:Delta Trade Paperbacks

Kabat-Zinn J. 1994. *Wherever you go, there you are*. New York: Hyperion.

Kabat-Zinn J. 2003. Mindfulness-based interventions in context: Past, present, and future. *J Clinical Psychology: Science and Practice*. 10(2): 144–156.

Kabat-Zinn J. 2005. YouTube, Guided Mindfulness Meditation Series 1[Internet] (Audio Excerpt) [cited 2019 June19]. Available from:

<https://www.youtube.com/watch?v=8HYLyJZKno>

Kabat-Zinn J.2005. YouTube, Guided Mindfulness Meditation, Series 1, Sitting Meditation [Internet] (Audio Excerpt) [cited 2019 June19]. Available from:

<https://www.youtube.com/watch?v=I9Z4t9ZiUzM>

Kabat-Zinn J. 2013. Full catastrophe living: Using the wisdom of your body and mind to face stress,pain and illness, Random House. New York.

Kaliman P, Alvarez-López M,Cosín-Tomás M, Rosenkranz M, Lutz A, Davidson R. 2014.. Rapid changes in histone deacetylases and inflammatory gene expression in expert meditators. J Psychoneuroendocrinology. 40: 96–107.

Kornfield J. 1993. A path with heart. New York. Ny: Bantam Books.

Kriakous S, Elliott K, Owen R. 2019. Coping, Mindfulness, Stress, and Burnout among Forensic Health Care Professionals. J Forensic Psychology Research. 19(2) : 128-146

Kreplin U, Farias M, Brazil I. 2018.The limited prosocial effects of meditation: A systematic review and meta-analysis, Scientific Reports. 2401-2406.

Linehan, M. 1993. Cognitive -behavioural treatment of borderline personality disorder. New York. NY:Guilford.

Lippincott M. 2018. Deconstructing the relationship between mindfulness and leader effectiveness. Leadership & Organization Development Journal [Internet]. 39(5): 650-664. [cited 2019 June19]. Available from:
<https://doi-org.ezproxy.bolton.ac.uk/10.1108/LODJ-11-2017-0340>

Lomas T, Hefferon K, Ivtzan I. 2014. Applied Positive Psychology. Sage : California.

Macfarlane, J., Mackey, C., Carson, J., (2017), A positive psychology workshop for trainee assistant practitioners. British Journal of Healthcare Assistants. 11:7, 342.347

Macfarlane J. 2018 Positive psychology: an overview for use in mental health nursing. British journal of mental health nursing. 7: 2-8

Macfarlane J. 2019. [In print]. Exploring how awareness of character strengths can benefit mental health nurses. British journal of mental health nursing.

Miller M, McGowen K. 2000. The painful truth: physicians are not invincible. Southern Medical Journal.93:966–73.

NHS Employers. 2019. Workforce health and wellbeing framework 2019. .[Internet].[cited 28 May 2019]. Available from: <https://improvement.nhs.uk/resources/workforce-health-and-wellbeing-framework/>

National Health Service. 2016. Overview: clinical depression [Internet]. [cited 2019 June19]. Available from:<https://www.nhs.uk/conditions/clinical-depression/>

Niemiec R.2014. Mindfulness and Character Strengths: A Practical Guide to Flourishing. Cambridge. MA: Hogrefe

NICE Guidelines. 2009. Borderline personality disorder: recognition and management. Clinical guideline 78 [Internet] . [cited 2019 June19]. Available from: <https://www.nice.org.uk/guidance/cg78>

NICE Guidelines.2019. Depression in adults: recognition and management. Clinical Guideline 90 [Internet] . [cited 2019 June19]. Available from: <https://www.nice.org.uk/guidance/cg90/chapter/Key-priorities-for-implementation>

Oates J. 2018. What keeps nurses happy? Implications for workforce well-being strategies. J Nursing Management [Internet]. [cited 2019 June19]. Available from: doi: 10.7748/nm.2018.e1643

Pizutti L, Carissimi A, Valdivia L. 2019.Evaluation of Breathworks' Mindfulness for Stress 8-week course: Effects on depressive symptoms, psychiatric symptoms, affects, self-compassion, and mindfulness. J clinical psychology.75(6).

Phillips T, Grandy G. 2018. Women leadership development – mindfulness and well-being. J Gender in management [Internet]. 33(5): 367-384. [cited 2019 June19]. Available from: <https://doi-org.ezproxy.bolton.ac.uk/10.1108/GM-11-2016-0178>

Purser R. 2019. McMindfulness: How Mindfulness Became the New Capitalist Spirituality.New York. Random House Publishers.

Raab K, Sogge K, Parker N, Flamet M. 2015. Mindfulness-based stress reduction and self-compassion among mental healthcare professionals: a pilot study. J Mental Health, Religion and Culture [Internet]. 18 (6) .503-12. [cited 2019 June19]. Available from: <https://doi.org/10.1080/13674676.2015.1081588>

Rayan A. 2019.Mindfulness, Self-Efficacy, and Stress Among Final-Year Nursing Students J psychosocial nursing and mental health services. 57(4).

Rechtschaffen D. 2016. The mindful education workbook: Lessons for teaching mindfulness to students. W.W. Norton. New York

Segal Z, Williams J, Teasdale, J. 2002. Mindfulness based cognitive therapy for depression: A new approach to preventing relapse. New York. NY:Guilford.

Sharkley S, Sharples A. 2003. The impact on work-related stress of mental health teams following team-based learning on clinical risk management. *J Psychiatric and Mental Health Nursing*. 10:73–81.

Shanafelt T, Habermann T. 2003. The well-being of physicians. *American Journal of Medicine*. 114:513–9.

Shapiro S, Schwartz G, Santerre C. 2002. Meditation and positive psychology. *The handbook of positive psychology*. 632-645. New York: Oxford University Press.

Stahl, B, Melco-Meyer F, Koerbel L. 2014 *A mindfulness-based stress reduction book for anxiety*, New Harbinger. Oakland CA

Sundquist J, Palmér K, Johansson L, Sundquist K. 2017. The effect of mindfulness group therapy on a broad range of psychiatric symptoms. *J European Psychiatry*. Volume 43

Taub S, Morin M, Goldrich P, Benjamin R. 2006. Physician wellness. *J Occupational Medicine*. 56:77–82.

Teasdale J, Williams M, Segal Z. 2014. *The mindful way workbook: an eight week programme to free yourself from depression and emotional distress*, Guildford, New York

Teixeira M. 2008. Meditation as an intervention for chronic pain: An integrative review. *J Holistic Nursing Practice*. 22: 225–234.

Toneatto T, Nguyen L. 2007. Does mindfulness meditation improve anxiety and mood symptoms? A review of the controlled research. *La Revue Canadienne de Psychiatrie*.52: 260–266.

UK Mindfulness-Based Teacher Trainer Network. 2011. Good practice guidelines [Internet]. [cited 2019 June19]. Available from: www.mindfulnessteachersuk.org.uk

Weber J. 2017. Mindfulness is not enough: Why equanimity holds the key to compassion. *J Mindfulness & Compassion*. 2(2) :149-158.

Weber J, Lowe M. 2018. Development and Validation of the Equanimity Barriers Scale [EBS], *Current Psychology*. 1-15.

Weber J. 2019. [in Press] Mindfulness and Equanimity in the NHS and Voluntary sectors . *J Healthcare Counselling and Psychotherapy*

Yang J, Tang S, Zhou W. 2018.Effect of Mindfulness-Based Stress Reduction Therapy on Work Stress and Mental Health of Psychiatric Nurses. *Psychiatria Danubina*. 30(2): 189.

